

Introduction to the Washington State Tobacco Prevention and Control Program SFY 2006

HISTORY

The Washington State Tobacco Prevention and Control Program was launched in 1993 when the state Department of Health (DOH) partnered with the American Cancer Society to manage the American Stop Smoking Intervention Study (ASSIST), funded by the National Cancer Institute. ASSIST focused on coalition building and policy advocacy. In 1999, at the completion of ASSIST, DOH received about \$1.4 million annually from the Centers for Disease Control's (CDC) new National Tobacco Prevention Program.

Washington State's tobacco program, in its current form, was established in the year 2000 by the Washington State Legislature using funds from the national Master Settlement agreement with the tobacco companies. To fund the program, the legislature set aside \$100 million of the initial Master Settlement payments to create a dedicated Tobacco Prevention and Control account separate from the state's General Fund. The legislature approved \$15 million to support the program in year 1 (SFY 2001) and \$17.5 million/year for the next biennium (SFY 2002-03). Additional funds were dedicated to the program's account in 2002 when the state's citizens passed a \$.60 increase in the state tobacco tax (I-773) instructed the legislature to keep minimum program funding at \$26.25 million annually.

Note: Since 1999, the program has received a combined total of approximately \$2.8 million each year from the Centers for Disease Control and the state's Youth Tobacco Prevention Account (*created in 1993 and supported through tobacco retailer license fees and penalties for illegal sales. 30% goes to the Liquor Control Board for enforcement of the state's minor's possession and sales to minors' laws and 70% is distributed, by population size, to county health departments*). Current program funding totals almost \$30 million annually. CDC states that this is below the \$32 million a state our size needed in 1999 to support an effective, comprehensive, integrated and statewide program. The tobacco prevention and control program is administered by the Washington State Department of Health.

PROGRAM FRAMEWORK

The state's tobacco program is structured according to the state tobacco plan created in 1999 by Secretary of Health Mary Selecky's Tobacco Prevention and Control Council (made up of long time tobacco advocates and public health experts). The Council based the program on the CDC's National Tobacco Program framework.

	Prevention	Cessation	Secondhand Smoke	Eliminate Disparities
Community				
Schools				
Public Awareness				
Policy & Enforcement				
Assessment & Evaluation				

Program Goals

The state tobacco plan describes four goals, including:

- Preventing youth from using tobacco
- Promoting cessation to tobacco users
- Eliminating secondhand smoke exposure
- Identifying and eliminating health disparities

Program Strategies

- *Community* (31% of funding in SFY 2006) – includes funding (distributed through contracts) to county health departments and non-profit organizations, federally-recognized tribes and community-based organizations in the African American, Asian Pacific Islander, Latino, Urban Indian and LGBT (lesbian, gay, bisexual and transgender) communities. Community-based contracts support implementation of annual workplans which include four goals: prevention, promote cessation, eliminate secondhand smoke and capacity development. Health disparities are addressed across all four goals by conducting activities within diverse and underserved populations.

Also supports statewide technical assistance to the contractors through the Tobacco Prevention Resource Center (currently with Educational Service District 112), the NW Portland Area Indian Health Board, the American Cancer Society (SpeakOut! youth leadership) and the American Lung Association (Teens Against Tobacco Use – TATU – peer education) and provides materials through the state tobacco prevention materials clearinghouse.

- *Schools* (12% of funding in SFY 2006) – funding distributed to *prevention centers* in nine Educational Service Districts across Washington State. ESD's use the funds to support school-based efforts in all grades (K-12) but primarily in program's priority audiences in grades 5-9.
- *Public Awareness* (28% of funding in SFY 2006) – funding supports a variety of statewide paid advertising and grassroots media efforts. Current paid ads campaigns focus on preventing youth tobacco use and raising awareness of the dangers of secondhand smoke exposure. Initially, paid advertising was also used to promote the state's Tobacco Quitline, but recently these funds have been redirected to support community-based media in tribal and diverse communities.
- *Policy and Enforcement* (3% of funding in SFY 2006) – funding supports program efforts related to establishing tobacco-free public and private policies (primarily focused on gathering and distributing information to the general public and policymakers). Youth access to tobacco - currently focused on laws related to minor's possession and illegal sales to minors, and helping local health departments to implement the state's new secondhand smoke law).
- *Cessation* (13% of funding in SFY 2006) – the state program established a toll-free, tobacco Quitline to help tobacco users statewide to quit. Educational, counseling and nicotine replacement support are available free (to those who qualify). The website www.quitline.com promotes this service. A new Tobacco Cessation Resource Center is being established to support BTIS (brief tobacco intervention skills) training for providers and help create systems change in health care systems to help patients to quit.

- *Assessment and Evaluation* (8% of funding in SFY 2006) – program efforts are evaluated regularly for effectiveness and tobacco-use rates and public attitudes are monitored (using the BRFSS – Behavioral Risk Factor Surveillance System – and HYS – the Healthy Youth Survey).

Program Principles

1. Activities will be guided by research and data (evidence-based)
2. Activities will be consistent with the four national goals outlined by the CDC (prevention, cessation, secondhand smoke, and address tobacco-related health disparities)
3. Funds will be kept as flexible as possible
4. Initial focus on three priority audiences – youth, adults interested in quitting, and pregnant women
5. Activities will build on existing infrastructure
6. Maintain existing tobacco prevention and control partnerships
7. Program policies, approaches and activities will be culturally and linguistically appropriate
8. Strategies and activities which create sustainable change will be emphasized

Priority Audiences

- Youth: grades 5-9
- Adult tobacco users who are ready to quit
- Pregnant women tobacco users
- Diverse and underserved populations

WEBSITES

- www.doh.wa.gov/tobacco - public website for the state tobacco program
- www.doh.wa.gov/tobacco/disparities/disparity.htm - disparities page on public website
- www.quitline.com – public website on the state tobacco quitline and cessation

STRATEGIC PLAN TO ADDRESS TOBACCO-RELATED HEALTH DISPARITIES

In the Spring of 2001, the state program formed the Cross Cultural Workgroup on Tobacco (CCWT). Upon receiving \$100,000 from the CDC, the program launched a process to create a strategic plan that would guide program efforts to achieve goal four in the state's tobacco prevention and control plan.

The plan outlines six goals with strategies and 2-year objectives for each:

- Build and sustain state tobacco program commitment to identify and eliminate tobacco-related health disparities
- Build and sustain community and systems capacity to engage and improve access and outreach to underserved communities
- Increase community awareness of the dangers of tobacco to it a higher priority issue in underserved and high risk communities
- Provide and use culturally and linguistically appropriate approaches and materials
- Develop and use culturally sensitive policies and practices
- Reduce tobacco industry influence

In the Fall of 2004, the CCWT completed its work and the TDAC (Tobacco Disparities Advisory Committee) was formed to advise TPCP on the implementation of the program's strategic plan to identify and eliminate health disparities.

ADVISORY COMMITTEES

Implementation Advisory Committee – A committee that develops and provides recommendations to the state tobacco program on issues and activities that will affect the implementation of community-based contracts. Membership includes a cross section of tobacco program community-based contractors across the state (county-based, schools/ESDs, Tribal, Disparities/cross cultural).

Tobacco Disparities Advisory Committee – A committee that develops and provides recommendations to the state tobacco program on issues and activities related to carrying out the state's strategic plan for identifying and eliminating tobacco-related health disparities. Membership includes members of

- culturally diverse and underserved communities (3),
- community-based tobacco program contractors (1 county, 1 ESD, 3 disparities/cross cultural and 2 tribal),
- institutions working on health disparities (2)

CURRENT FUNDING TO ADDRESS DISPARITIES

- Disparities Contracts - \$1 million/year (2 year contracts through June 2007)
- Tribal Contracts - \$850,000/year (contracts with 27 federally-recognized tribes)
- Training and Technical Assistance - \$200,000 for SFY 2006 (distributed through contracts by TPRC to the five disparities/cross cultural contractors to help them develop training and TA opportunities that build leadership and capacity within and between these diverse communities). Prior to this year, these training and TA funds were used to support the Cross Cultural Leadership Institute, a cross-community training to build community leadership and foster community-to-community collaboration.
- Multicultural media - \$540,000 through June 2007 (being used and distributed by GMMB, state media relations contractor to develop and implement community-specific media strategies in the five cross cultural communities and the 27 federally-recognized tribes under contract with DOH.
- Surveys – Over \$250,000/year (funds used to survey additional members of the African American, Asian American Pacific Islander, American Indian, Hispanic/Latino and rural populations as part of the Behavior Risk Factor Surveillance System (BRFSS).
- Statewide training and TA - \$150,000/year (contracts with the NW Portland Area Indian Health Board to support tribal work and the Cross Cultural Health Care Program to support TDAC work and a TPCP cultural competency assessment)
- Chemical Dependency Facilities - \$92,000 (contract with the Division of Alcohol and Substance Abuse to provide nicotine dependence treatment in chemical dependency units and make these units tobacco-free)
- Train WIC and First Steps Providers in the brief cessation intervention - \$320,000/year
- Other Expenditures – increase the cultural competency of the Tobacco Quitline and TPCP community-based contractors; produce and distribute culturally-appropriate materials from the state materials clearinghouse and during statewide campaigns; highlighted topics related to disparities at the 2005 state

tobacco conference, including actors of color in paid TV advertising; added question about sexual orientation on the 2003 BRFSS